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A Case Report Of Cut throat injury by Manja

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ABSTRACT

Cut throat injury due to manja is rare. Here we report survival of an extremely rare case of cut throat injury due to manja involving the larynx. The patient was not only saved but his laryngeal functions were restored.

Introduction :

Cut throat injuries are potentially life threatening injuries because of the many vital structures in the neck which may be affected leading to severe haemorrhage, air embolism or respiratory obstruction and death. They are mostly caused by some sharp object but very rarely with Manja. Manja' is an abrasive string which is gummed, coloured and coated with powdered glass used in flying kites in India[1]. The manja which is usually made of cotton (the latest nylon ones called Chinese manja are deadlier) but an abrasive coat of crushed glass is gummed on to it making it razor sharp – each person tries to make his line the sharpest. Using this manja, kites are flown from rooftops with the aim of cutting other kite-strings, either by letting the line loose at high speed or by repeatedly yanking it. The use of motorcycles has significantly increased in the last few years, and riders are especially vulnerable to injuries caused by manja. Emergency departments have occasionally even reported patients with fatal neck injuries due to kites. Here we report a case who had sustained an open injury of the larynx, in which the laryngeal function could be successfully preserved intact.

Case report :

The case was of a 20 year-old man who had sustained injury due to manja while driving on bike. The patient was brought to the casualty by the 108 emergency services. On examination, we saw a conscious young man who was not in respiratory distress. He had a 14 cm anterior neck laceration with clean margins and ooze of blood was seen almost in the middle of the neck. There was a 2 cm gap at the level of cricothyroid membrane on the anterior wall, exposing his laryngeal inlet. In emergency the airway was secured by inserting the tracheostomy tube through opening in cricothyroid membrane. He was then shifted to OT, prepared and tracheostomy was done at routine site of 2nd and 3rd tracheal ring and airway secured. The cricoid and thyroid cartilage were observed to be normal and all the major vessels and structures of neck were found to be normal. Hemostasis was achieved and primary wound suturing was done from larynx anteriorly to skin layerwise. Tetanus prophylaxis was given to him. Nasogastric tube was passed intra-operatively following repair. Parenteral amoxicillin with clauvalunic acid, metronidazole and dexona were commenced. Post operative chest xray with neck was normal. There was no cervical surgical emphysema, pneumothorax or pneumomediastinum. He was kept in intensive care for 48 hrs and shifted to ward later. The oral feeds were started gradually on 4th post operative day. Stitches and nasogastric tube were removed on the 7th post-operative day and flexible laryngoscopy revealed both vocal cord normal movements. He was discharged with tracheostomy tube. Regular follow up was done. Larynx was monitored with flexible laryngoscope for any granulations or narrowing. He was decannulated after normal bronchoscopy after 1 month with re-establishment of phonation, swallowing and breathing. Otolaryngological follow up has been uneventful for 4 months.

Discussion :

The incidence of cut throat injuries due to manja in our country may be fortunately rare or the cases are unreported in literature.

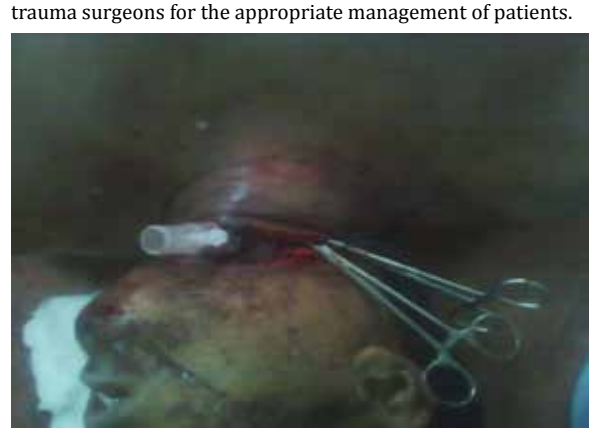
When they occur, a multi disciplinary approach is required in the effective management of affected patients. This requires the close collaboration of the Otolaryngologist and the anaesthetist. Otolaryngologist assesses the injury and repairs the severed tissues with the aim of restoration of swallowing, phonation and breathing[2]. Surgical repair of the severed tissues is the treatment option[3].

Every year some have their throats slit by manja on bridges or roads and some are injured in road accidents because of stray kites. Volunteers and the government machinery have taken several initiatives to prevent such incidents this year. One such initiatives is covering road bridges with metal wire which prevents manja from coming in the path of drivers[4].

Injuries related to kite flying are preventable. Precautions include choosing a safe location (such as an open beach or field with a diameter of at least 100 meters) and keeping a safe distance from telephone lines, electricity cables, trees, roads, cars, people and animals. Participants should not touch the kite string during flight, allow anyone to walk in between the control handle and the kite, or fly a kite in strong winds. Moreover, participants should wear gloves while flying a kite. The severity of injury does not depend on the thickness of the kite string or on the size of the kite. The use of glass and glue increases the potential cutting surface of the string, turning a simple game into a deadly activity.

Conclusion :

It indicates that potentially lethal injuries to the vascular system and visceral injuries to the neck can occur due to manja. This atypical mechanism of injury must be examined to develop preventive measures and to prepare emergency physicians and trauma surgeons for the appropriate management of patients.



Pic 1 – Wound with tracheostomy tube in situ

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